

ePREP For Waiver/Resource Providers

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MARYLAND
Department of Health

Welcome to ePREP! ---

ePREP stands for **e**lectronic **P**rovider **R**evalidation and **E**nrollment **P**ortal.

Here are some of the Benefits of using ePREP:

- Applications can be filled out electronically instead of by paper
 - Easier/Quicker to fill out
 - Only the necessary fields for the type of application are generated
 - Shorter processing times
- Access to your Maryland Medicaid information (now called an Account in ePREP)
 - You can see the status of your account (Active, Suspended or Inactive)
 - You can see your affiliations
 - You can see all of your demographic information

Overview

This Webinar will cover the following:

- Helpful Resources
- User Profiles
- Business Profiles
- Application Types
- How to add an addendum
- Where to find an addendum
- Disclosures
- Changes of Ownership
- Signing an Application
- Checking the Status of an Application

Helpful Resources

- There are two main resources you can use to learn all about ePREP and how to use it:
- Maryland Medicaid's ePREP Website
- Maryland Medicaid has created a website with documents, checklists and webinars that will help you with ePREP

health.maryland.gov/providerinfo

Helpful Resources Cont. ---



- **Resources within ePREP**
- **Lucy** – Your enrollment buddy and guide appears on most pages to give you helpful information.
- **Lucy Hover Help** – When you click on or hover over a action item (textbox, drop down, Radio button), Lucy will pop up again with more information on what and how to enter information
- **In Context Tutorials** – If you see a filmstrip icon you can click on it to view a short 3 to 5 minute video explaining what needs to be done .



If you are an authorized signer, use your legal first name



ePREP Terminology – Profiles, Roles, and Accounts —

- **User Profile:** Your individual username, used to log in to ePREP.
- **Business Profile:** A centralized environment that houses your enrolled Medicaid entity accounts and applications. A user may have access to one or more business profiles.
- **Account:** ePREP record for an enrolled provider, associated with a single NPI, provider type, practice location, and entity Medicaid (MA) number.
- **Linking:** Connecting your Business Profile to an existing account so that you can view and manage it.

Rendering Provider Accounts ---

- **IMPORTANT REMINDER**
- You should **NEVER** link a rendering provider's NPI to the same Business profile as the group or facility.
- Each rendering provider should have a separate email address, User Profile, and Business Profile.
- Outpatient facilities are not required to enter rendering provider affiliations to proceed with their application.

ePREP Application Types ---

Application Types

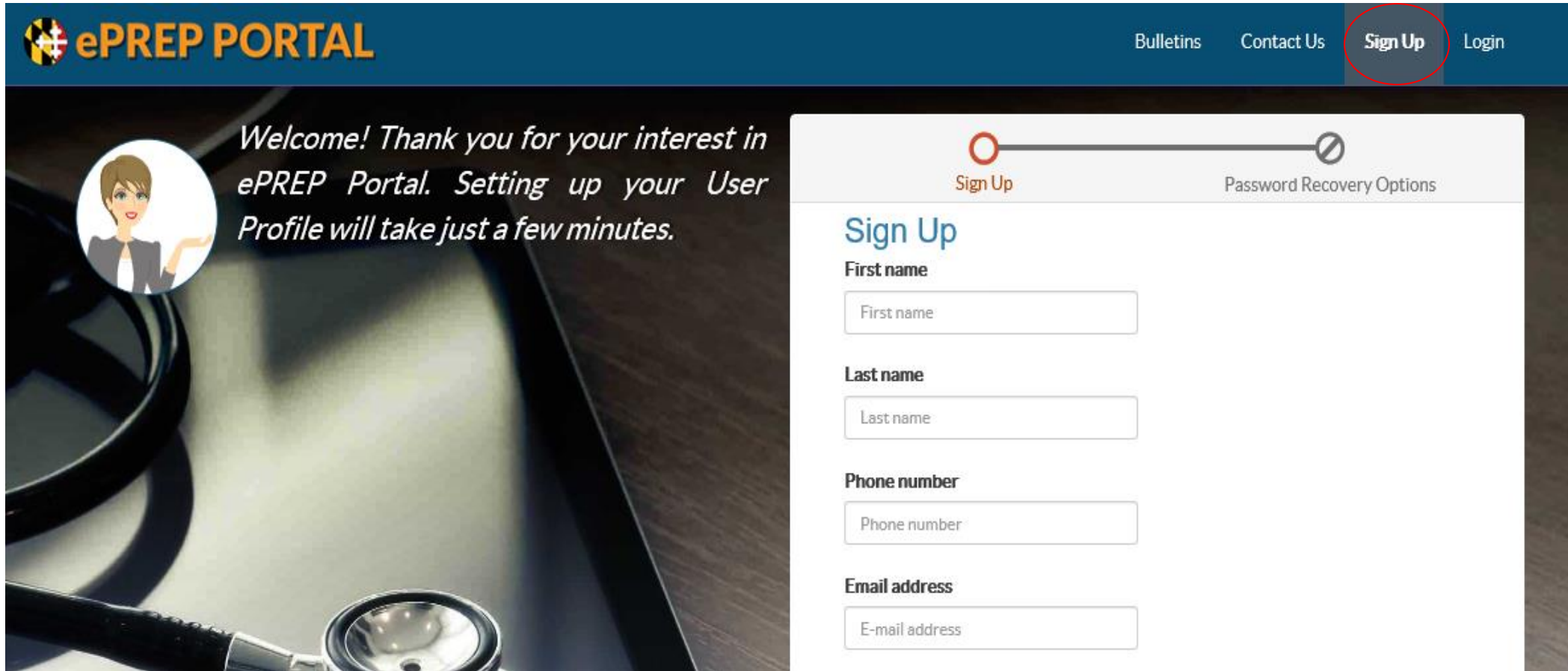
- **Supplemental:** A change in a provider's account information or required documenting, such as correspondence address or an updated professional license.
- **Change of Ownership (CHOW):** Application to add a new Tax Identification Number (TIN) or Employment Identification Number (EIN) to Business Information form.
- **Outpatient New Facility:** Application to enroll an Outpatient new facility to Maryland Medicaid.
- **Disenrollment:** An application to stop being part of Maryland Medicaid. Started from the Accounts screen when viewing active accounts. An example of when to create a disenrollment application, will be if a facility intends to stop being part of Maryland Medicaid, or shutdown.

ePREP Application Types Cont. ---

Revalidation

- Application to renew your Medicaid enrollment every 5 years
- Scheduled automatically in ePREP when they are due. You may only submit a reval when you receive a notification that it is time to do so.
- You will receive a printed reval notification in the mail for your initial notification. After your ePREP account is set up, you will receive electronic reval notifications.

First things first: Let's start by Signing Up



ePREP PORTAL

Bulletins Contact Us **Sign Up** Login

Welcome! Thank you for your interest in ePREP Portal. Setting up your User Profile will take just a few minutes.

Sign Up Password Recovery Options

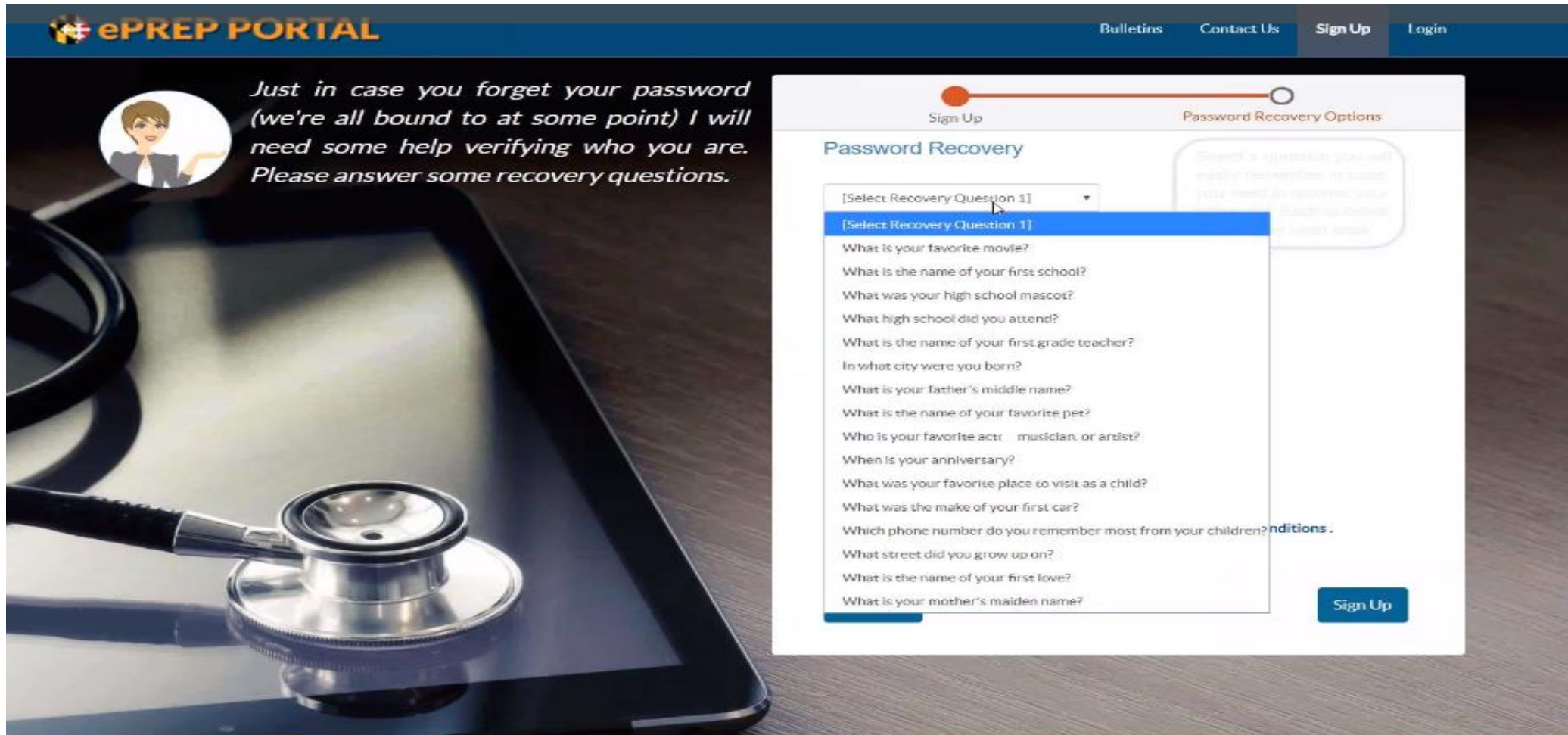
First name

Last name

Phone number

Email address

Password Recovery



The image shows a screenshot of the ePREP PORTAL website. The background features a stethoscope on a tablet. On the left, a circular icon of a woman is next to the text: "Just in case you forget your password (we're all bound to at some point) I will need some help verifying who you are. Please answer some recovery questions." The main content area is titled "Password Recovery" and includes a progress bar with "Sign Up" and "Password Recovery Options" tabs. A dropdown menu for "[Select Recovery Question 1]" is open, showing a list of 15 questions. A "Sign Up" button is located at the bottom right of the form.

ePREP PORTAL

Bulletins Contact Us Sign Up Login

Just in case you forget your password (we're all bound to at some point) I will need some help verifying who you are. Please answer some recovery questions.

Sign Up Password Recovery Options

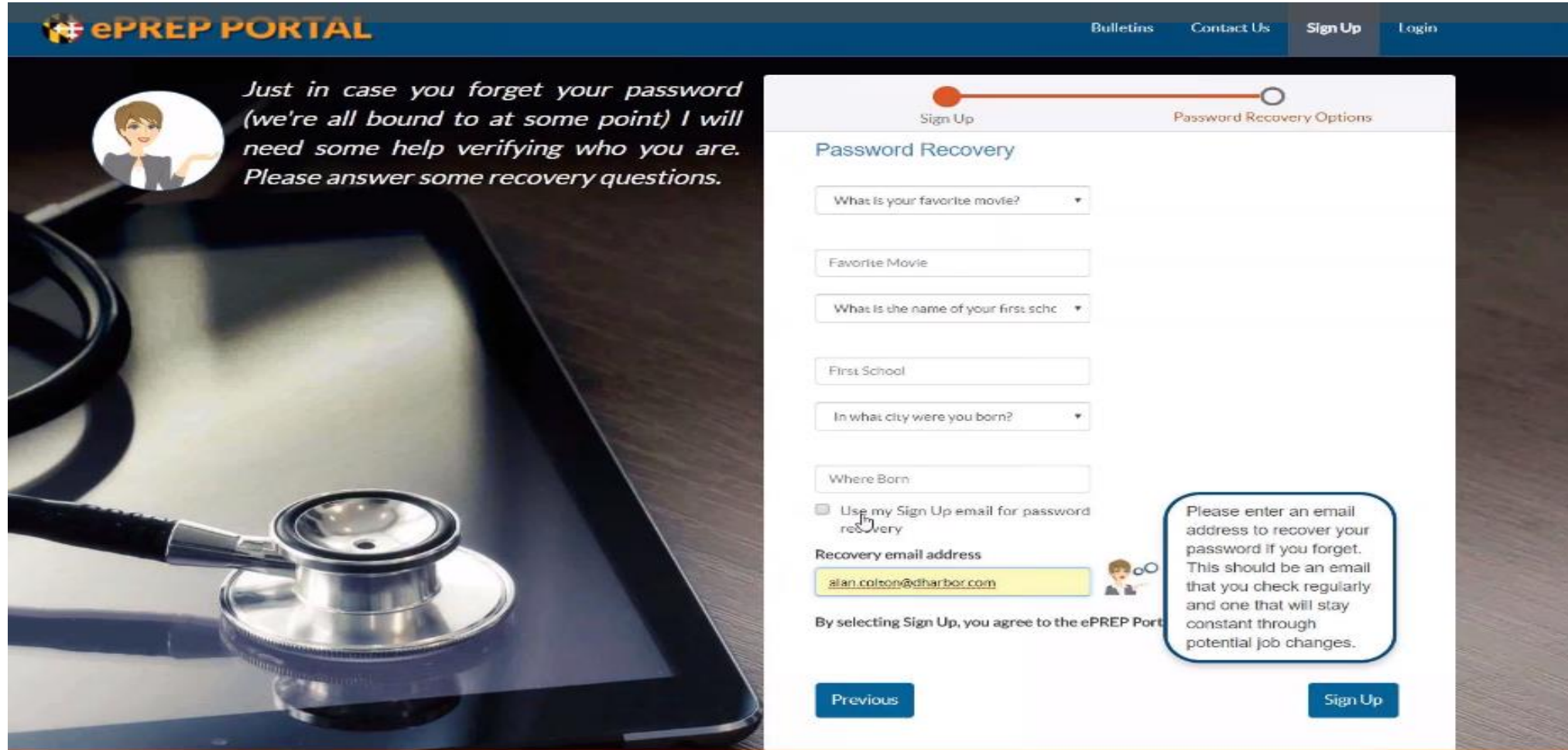
Password Recovery

[Select Recovery Question 1]

- [Select Recovery Question 1]
- What is your favorite movie?
- What is the name of your first school?
- What was your high school mascot?
- What high school did you attend?
- What is the name of your first grade teacher?
- In what city were you born?
- What is your father's middle name?
- What is the name of your favorite pet?
- Who is your favorite actor, musician, or artist?
- When is your anniversary?
- What was your favorite place to visit as a child?
- What was the make of your first car?
- Which phone number do you remember most from your children?
- What street did you grow up on?
- What is the name of your first love?
- What is your mother's maiden name?

Sign Up

Password Recovery Cont.



The image shows a screenshot of the ePREP PORTAL website's password recovery interface. The page has a dark blue header with the portal name and navigation links. A large banner on the left features a stethoscope on a tablet and a message about password recovery. The main content area is a white box with a progress bar at the top. It contains a series of dropdown menus for recovery questions, a checkbox for email verification, a text field for the recovery email address, and a disclaimer. A callout box on the right provides additional instructions. At the bottom are 'Previous' and 'Sign Up' buttons.

ePREP PORTAL Bulletins Contact Us **Sign Up** Login

Just in case you forget your password (we're all bound to at some point) I will need some help verifying who you are. Please answer some recovery questions.

Sign Up Password Recovery Options

Password Recovery

What is your favorite movie? ▼

Favorite Movie

What is the name of your first schc ▼

First School

In what city were you born? ▼

Where Born

☐ Use my Sign Up email for password recovery

Recovery email address

alan.colton@stharbor.com

By selecting Sign Up, you agree to the ePREP Port

Please enter an email address to recover your password if you forget. This should be an email that you check regularly and one that will stay constant through potential job changes.

Previous Sign Up

Email Activation

ePREP Portal - Activation

Thu Nov 15 2018 09:57:59 GMT-0500 (Eastern Standard Time) ✕

ePREP-MDH@dharbor.com [ePREP-MDH@dharbor.com]

Dear Ben,

Welcome to the Maryland Department of Health ePREP Portal!

To complete your registration process select the hyperlink below within 30 days of the receipt of this activation email.

[ePREP Portal Activation](#)

Sincerely,

ePREP Portal Administration

To review Maryland Department of Health's Internet Policies and Procedures select, [MDH Policy/Procedure](#)

Please note: This e-mail was sent from an auto-notification system that cannot accept incoming e-mail. Please do not reply to this message.

Verify NPI to Link Account to Business Profile (BP)——

Let's set up your Business Profile 

NPI/Provider ID

420236800



 Verify NPI/Provider ID

Enter NPI



It looks like you entered a 9-digit number. Were you trying to enter your NPI or the Provider ID issued by the state? Unless you are a Waiver provider, you must enter your 10-digit NPI. Otherwise, just add a 5 at the beginning of the Provider ID.

☐ I'm new to Maryland Medicaid and I do not have an NPI or Provider ID

Verify NPI to Link Account to Business Profile

Congratulations, eprep. On to the next task!

Now that you have a User Profile, you will need to set up a new Business Profile or join an existing one. Start by entering your NPI or Provider ID.



Let's set up your Business Profile 

NPI/Provider ID



1619274545

 Verify NPI/Provider ID

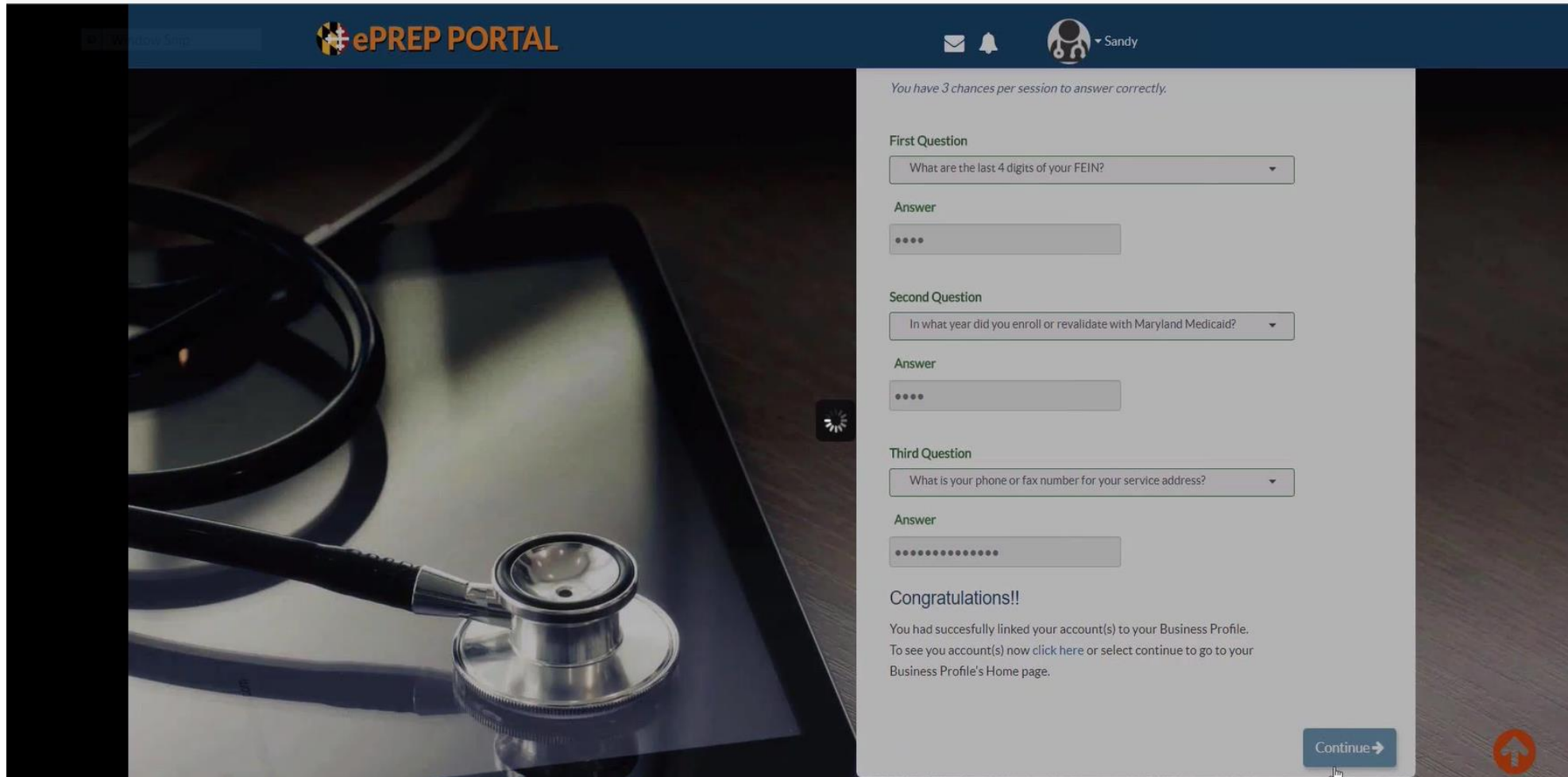
Existing Business Name

CATON MANOR

✕ Cancel

+ Create Business Profile

Links to BP cont.



The image shows a screenshot of the ePREP PORTAL interface. On the left, there is a background image of a stethoscope resting on a tablet. The portal header is dark blue with the 'ePREP PORTAL' logo on the left and user information 'Sandy' on the right. The main content area is light gray and contains a three-question verification form. The questions are: 'What are the last 4 digits of your FEIN?', 'In what year did you enroll or revalidate with Maryland Medicaid?', and 'What is your phone or fax number for your service address?'. Each question has a corresponding answer field with masked characters. Below the questions, a 'Congratulations!!' message states: 'You had succesfully linked your account(s) to your Business Profile. To see you account(s) now click here or select continue to go to your Business Profile's Home page.' A 'Continue' button with a right arrow is located at the bottom right of the form area.

ePREP PORTAL

You have 3 chances per session to answer correctly.

First Question

What are the last 4 digits of your FEIN?

Answer

....

Second Question

In what year did you enroll or revalidate with Maryland Medicaid?

Answer

....

Third Question

What is your phone or fax number for your service address?

Answer





.....


Congratulations!!

You had succesfully linked your account(s) to your Business Profile.
To see you account(s) now [click here](#) or select continue to go to your Business Profile's Home page.

[Continue →](#)

Providers without NPI/MA Numbers. _____






Congratulations, A. On to the next task!

Now that you have a User Profile, you will need to set up a new Business Profile or join an existing one. Start by entering your NPI or Provider ID.

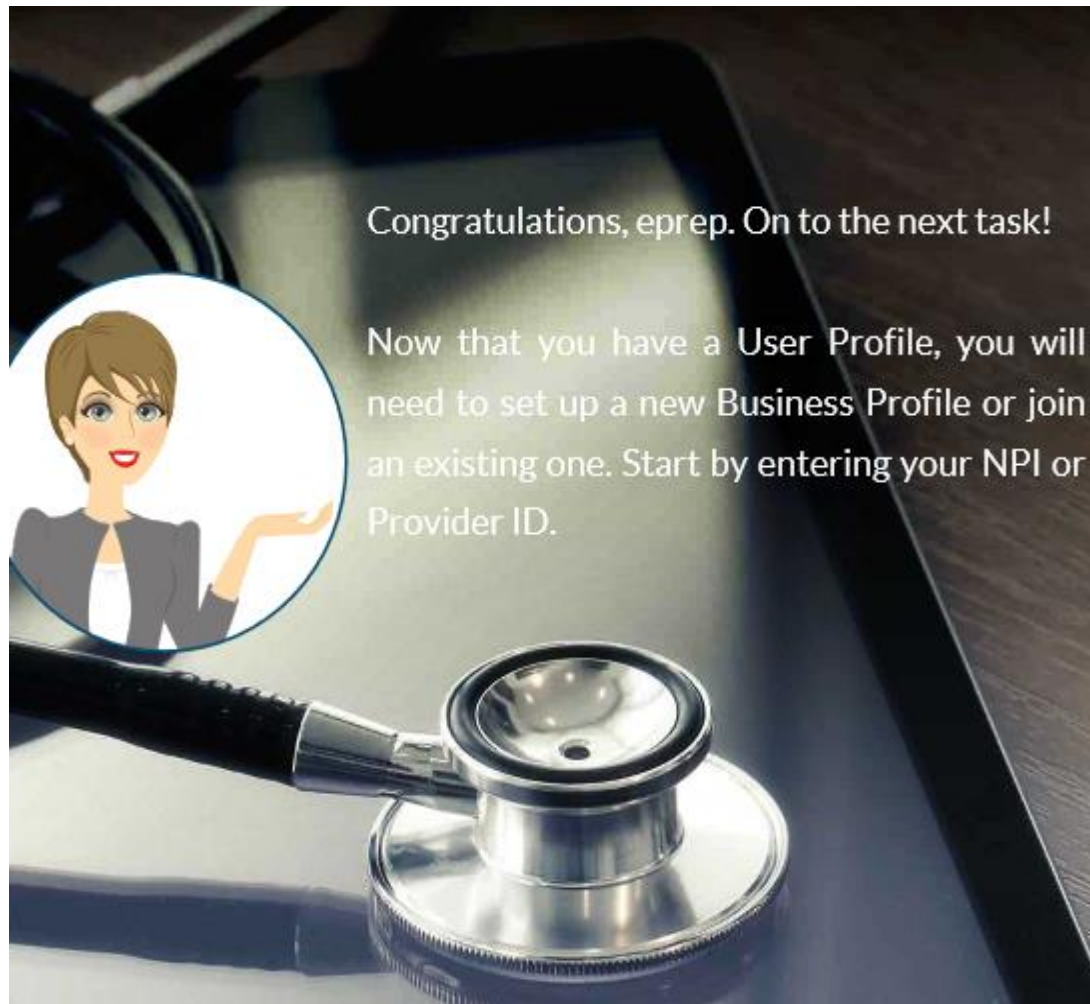
Let's set up your Business Profile

NPI/Provider ID

 Verify NPI/Provider ID


☐ I'm new to Maryland Medicaid and I do not have an NPI or Provider ID

Providers without NPI Numbers Cont. —




Congratulations, eprep. On to the next task!

Now that you have a User Profile, you will need to set up a new Business Profile or join an existing one. Start by entering your NPI or Provider ID.



Let's set up your Business Profile

NPI/Provider ID

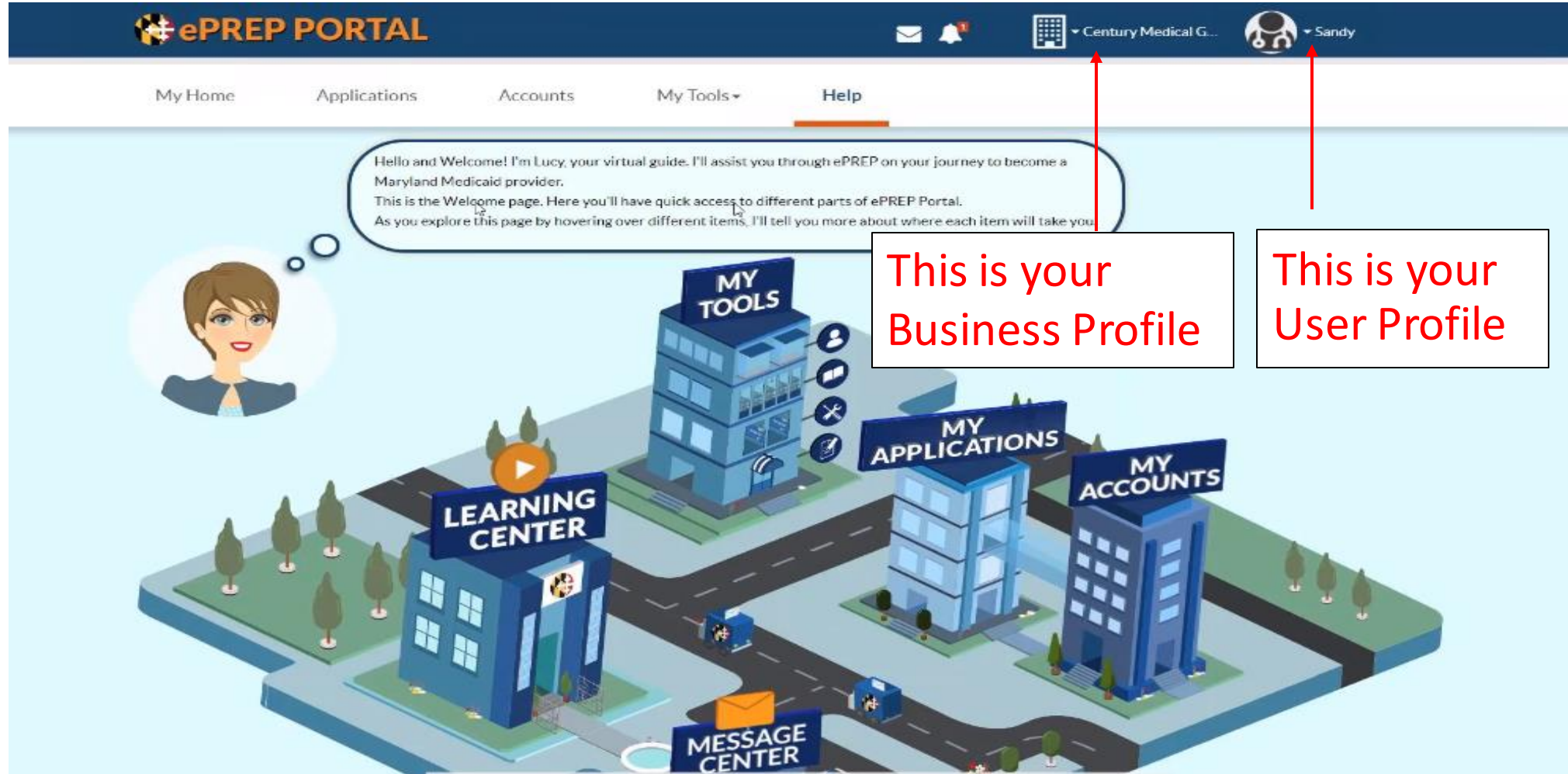
 Verify NPI/Provider ID

☒ I'm new to Maryland Medicaid and I do not have an NPI or Provider ID

Are you one of the following?

<Select an Option>	
Atypical Provider	✓
Billing Agent	
Consultant	
Government Agency	
Other-Specify	

Welcome Screen



Waiver Providers



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New Application Option







Nice to see you again, Charles!





Please answer this simple questionnaire to help me to determine **the correct type of application for you.**



If you need help with any of these options, you can watch the **Questionnaire in-context tutorial.**

Let's get started!

- ☐  I'm enrolled in Maryland Medicaid, and I want to create an application
- ☐  I'm enrolled in Maryland Medicaid, and I want to affiliate with another provider 
- ☒  I'm new to Maryland Medicaid, and I want to create a new application

What kind of provider are you?

- ☐  I'm an Individual health care practitioner 
- ☐  I'm a Group or FQHC health care practice 

- ☐  I'm a Facility, Clinic, Health Care Organization or Waiver Provider. 

value is required

- ☐  I want to make changes to my account

Applications For New Waiver Provider

Waiver providers must select the correct application and provider type to ensure that Medicaid can reimburse for their services.



Great! Now select the business structure which best fits you as a health care Organization, Institution, Clinic or Facility.

I need a Maryland Medicaid account to bill for health care services and I am applying as:

- ☐ Facility
- ☐ Other Health Care Organization
- ☒ Waiver Provider
- ☐ Solo Practitioner
- ☐ Organization

Provider Addendum

- Many of the Waiver provider types must attach an Addendum to their application.
- Each Addendum is available on the Maryland Medicaid website. ePREP will direct providers to the link below to find the correct Addendum for each provider type.

health.maryland.gov/providerinfo

- The provider will need to navigate to the Enrollment page. This is where the provider can then find their Provider Type (PT) and click on the “X” to retrieve that PT’s Addendum.

Waiver/Resource Providers

Facilities that CAN create New Applications

- [Autism Waiver = 40](#)
- [EPSDT Therapeutic Behavioral Services \(TBS\) = 51](#)
- [Community Options = 76](#)
- [Brain Injury Waiver = 86 is excluded from enrolling as a Solo Practitioner *](#)
- [Developmental Disabilities Association \(DDA\) Service Providers = 90](#)

Waiver/Resource Providers

Facilities that can NOT create New Applications

- Medical Day Care – Children = 43
- Local Health Department/ Nurse Monitors = 47
- HMO/PACE = 70
- HealthChoice Managed Care Organizations = 72 (MCO Insurers)
- Case Management - Model Waiver = 81

Resource Providers

DMS/DME, Pharmacy, Medical Transportation and Home Health Agency



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Resource or Other Health Care Organization (OHCO) _____

Providers must select the correct application and provider type to ensure that Medicaid can reimburse for their services

Start Application

Business Structure

NPI



Great! Now select the business structure which best fits you as a health care Organization, Institution, Clinic or Facility.

I need a Maryland Medicaid account to bill for health care services and I am applying as:

☐ Facility

☒ Other Health Care Organization

☐ Waiver Provider

Once you have made your choice, select **Continue**

Provider Addendum

- Many of the Resource provider types must attach an Addendum to their application.
- Each Addendum is available on the Maryland Medicaid website. ePREP will direct providers to the link below to find the correct Addendum for each provider type.

health.maryland.gov/providerinfo

- The provider will need to navigate to the Enrollment page. This is where the provider can then find their Provider Type (PT) and click on the “X” to retrieve that PT’s Addendum.

Waiver/Resource Providers ---

Facilities/Clinics Who Can Create New Applications

- Laboratory = PT 10
- [Home Health Agency = PT 41](#)
- [Portable X-Ray = PT 59](#)
- [Diagnostic Services, Other = PT 60](#)
- [Dialysis Facilities = PT 61](#)
- [Durable Medical Supplies \(DMS\)/Durable Medical Equipment \(DME\) Provider = PT 62](#)
- [Mental Health Case Management Provider = PT CM](#)
- Pharmacy = PT RX
- [Ambulance Company = PT T1](#)
- [HIV Case Management = PT VC](#)

Waiver/Resource Providers

Facility/Clinic *Who Cannot* Create New Applications

- Rare and Expensive Case Management (REM) Provider = PT 87
- Tape Intermediary = 96 (Supplemental Only)

Completing Applications on ePrep



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Completing the Application

The screenshot shows a user interface for completing an application. At the top, there's a header bar with a user icon, provider details, and progress indicators. The main area has a sidebar with a list of sections, each with a completion status icon. A red circle highlights these icons, and a red arrow points from it to a red box containing instructions.

Provider Name 6% Complete **0% Documents**

Provider Type Community Options Program 6% **0%**

Application ID 18107GUS

Creation Date 10/16/2018

Package Type Waiver Organization

Content Expand All

- Getting Started (Filled circle)
- Getting Started (Half circle)
- Business Information (Empty circle)
- Practice Information (Empty circle)
- Disclosure Information (Empty circle)
- Signature (Empty circle)
- Submit Application (Empty circle)

☒ Getting Started

Let's take a few minutes to watch these In-Context Tutorials before you start your application as a **Community Options Program**. These videos will help you get oriented and make filling out your application a breeze.

If you need help while working on your application, you can always come on back here for a refresher, or just look for the icon throughout ePREP Portal.

Getting Started

Familiarize yourself with all the elements of this page, including:

- Application structure
- Social tools

Keep an eye on the completion prompts to guide you. Make sure all the circles are filled in

- Filled circles indicate the section is completed.
- Half circles mean the section is not completed.
- Empty circles indicate sections not started.

Provider Addendum Cont.

Content

Expand All

Getting Started

Business Information

Practice Information

Licenses & Certifications

NPI/Taxonomy

Additional Information

Disclosure Information


Rendering Provider Affiliations

Signature

Submit Application

Addenda/Supporting Documents

Summary









Okay, your provider type Urgent Care Center requires specific addenda and supporting documents to be included in this application for enrollment approval. Please add them by selecting the hyperlink.

Select [Addenda/Supporting Documents](#) to obtain the required addenda and supporting documents for the Urgent Care Center provider type. Once you have completed your required attachments select the Add button to attach them to this application.

☐ N/A

Add

Addenda/Supporting Document Name	Documents	Actions
There is no addendums		





AUTISM WAIVER	40	X
APPLIED BEHAVIOR ANALYSIS	40	

PROVIDER TYPE DESCRIPTION	PT CODE	INDIVIDUAL	GROUP	FACILITY
CHIROPRACTOR	13	ePREP	ePREP	
CLINIC, ABORTION	30			ePREP
CLINIC, DRUG	32			X
CLINIC, FAMILY PLANNING	33			ePREP

Next attach your Addendum

Content

Expand All

Getting Started

Business Information

Practice Information

Licenses & Certifications

NPI/Taxonomy

Additional Information

Disclosure Information

Rendering Provider Affiliations

Signature

Submit Application

Addenda/Supporting Documents

Summary

Okay, your provider type Urgent Care Center requires specific addenda and supporting documents to be included in this application for enrollment approval. Please add them by selecting the hyperlink.

Select [Addenda/Supporting Documents](#) to obtain the required addenda and supporting documents for the Urgent Care Center provider type. Once you have completed your required attachments select the Add button to attach them to this application.

☐ N/A

Add

Addenda/Supporting Document Name	Documents	Actions
There is no addendums		


Uploaded file will be indicated by number next to the paper clip



Okay, your provider type Urgent Care Center requires specific addenda and supporting documents to be included in this application for enrollment approval. Please add them by selecting the hyperlink.

Select [Addenda/Supporting Documents](#) to obtain the required addenda and supporting documents for the Urgent Care Center provider type. Once you have completed your required attachments select the Add button to attach them to this application.

Add

Addenda/Supporting Document Name	Documents	Actions
Addendum	<div> Attached: Frank</div>	

Previous

Continue

Disclosure of Ownership

- **MOCA = Managing employees, Owners and Controlling interest Agents.**
 - These will always be updated in the Disclosure Information section of an ePREP application.
 - MOCA information can be updated without a need to complete a CHOW application

Disclosure of Ownership Cont.

- Add new MOCAs to Disclosure Information form and this determines who can sign the application.

Business Information

Practice Information

Disclosure Information

Adverse Actions

Fines and Debts (Gov.)

Subcontractors

Ownership/Control Interest

Significant Transactions

Delegated Officials

Rendering Provider Affiliations

Signature

In this section, a complete disclosure of ownership and financial interest is required. Please add at least one owner or those parties who have control interest in your Group. Keep in mind that you can share any record with another user, making it easy to complete your application.

Are there any Individuals or Entities (Corporations, unincorporated associations, partnerships, or similar entities) who have 5% or more (direct or indirect) Ownership or control interest, or any partnership interest in **URGENT CARE,LLC**?

All entity owners' **board members, officers of a corporation, and directors** must be disclosed in this section. Indirect entity owners do not need to disclose board members, officers of a corporation or directors if those individuals' only relation to applicant is via the indirect owner.

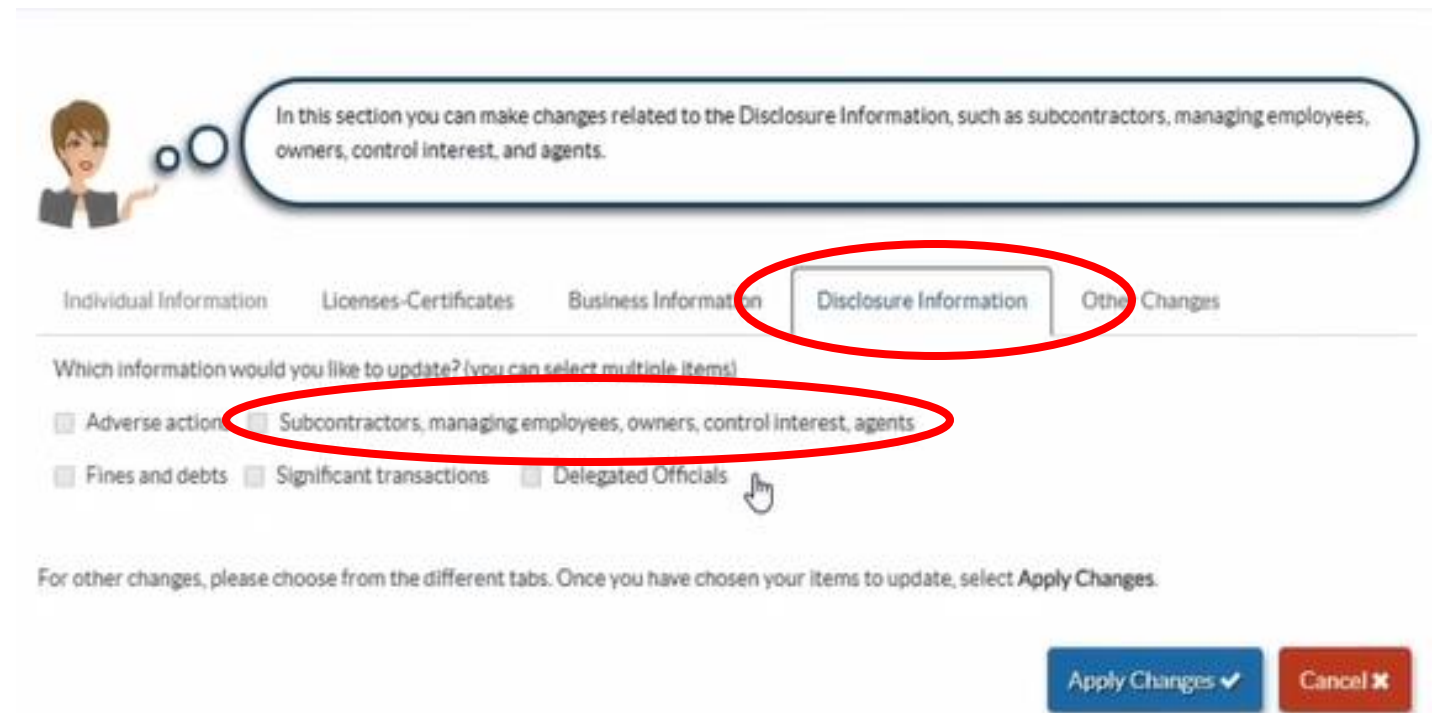
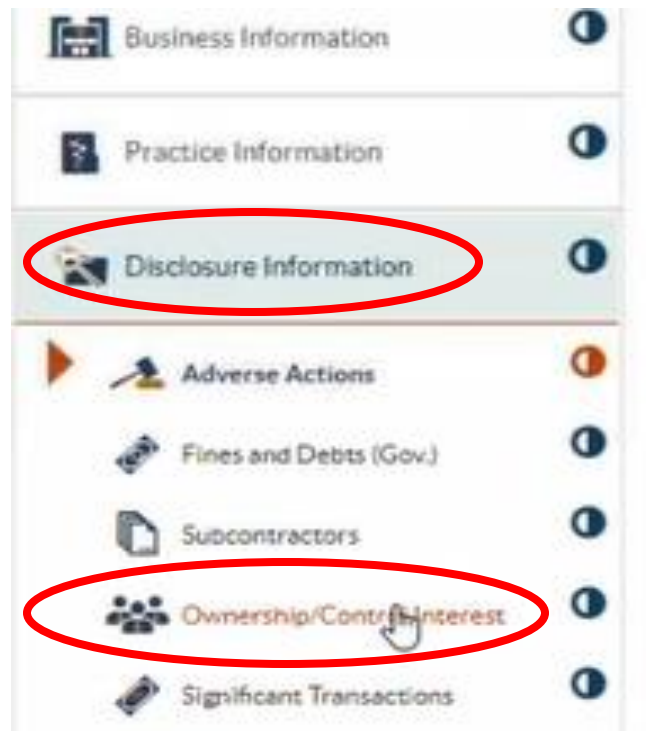
Additionally all **board members, officers of a corporation, directors, agents, and managing employees** of **URGENT CARE,LLC** must be reported in this section as well.

+ Add

Type	Name	Ownership/Control Interest	Status	Actions
No Ownership Control Interest listed.				

Disclosure of Ownership Cont.

- MOCA can be updated with a Supplemental application by making changes to your account under the Disclosure Information section.



Change of Ownership

CHOW = Change of Ownership.

- Only done if the Tax ID changes.
- The MOCA information will also need to be updated with any CHOW.

Change of Ownership Cont.

- Here is what to select when completing a CHOW:
 - From Accounts screen, choose “Update” account. Under “Other Changes”, provider should select “Change of Ownership”.

The screenshot shows the 'Update Your Account' modal window. The 'Other Changes' tab is selected, and 'Change of ownership' is chosen. A red box highlights the 'Update' button on the Accounts screen. Red arrows with numbers 1 through 4 indicate the sequence of actions: 1. Click 'Update' on the Accounts screen. 2. Click 'Other Changes' tab. 3. Click 'Change of ownership'. 4. Click 'Apply Changes'.

Update Your Account

In this section you can make changes to your business' ownership.

Individual Information Licenses-Certificates Business Information Disclosure Information **Other Changes**

3 Change of ownership
value is required

For other changes, please choose from the different tabs. If you have chosen your items to update, select **4** Changes.

2 Apply Changes ✓ Cancel ✕

1

Account ID	Status	Business Name	Facility Type	Facility ID	Effective Date	Expiration Date	Address
100009993							
100009944	1 - Active	AGAPE NURSING & REHABILITATION CENTER, LLC	Nursing Facility	Facility	1790099861	04/23/2018	04/25/2018
							ANGELES - CA, 90064-4707
							105 W MYRTLE AVE, JOHNSON CITY - TN, 37604-5633

Change of Ownership Cont.

- For Maryland Medicaid CHOWs, the provider should:
 - Add new Tax Identification Number (TIN) or Employment Identification Number (EIN) to Business Information form.

The main difference with CHOW Applications is that they will have a NEW TAX ID

Business Profile TIN/SDAT & Business License Summary

I need some additional information about your business. Don't forget to attach a clear copy of your documentation.

Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN) value is required

State Department of Assessment and Taxation (SDAT) number ☐ N/A value is required

Document Required: TIN/EIN document is required

← Previous Continue →

Navigation icons: Print, Attach, Chat, Share, Email, Help

Submit Application

Electronic Signature

Content

Expand All

Getting Started

Business Information

Practice Information

Disclosure Information

Rendering Provider Affiliations

Signature


E-Signature

Submit Application

Declarations

E-Signature


Summary



You're almost ready to sign your application!

Even though you're completing and submitting your application through ePREP Portal and not on paper, your signature is still required. Using the electronic signature feature, you can submit this application just like your handwritten signature.







Please read the Maryland Medicaid Provider Agreement, and then check the boxes to declare that you agree with this process.

Please note that in order to continue with the e-Signature process, you **must** read the Provider Agreement. 

[Maryland Medicaid Provider Agreement](#)
review is required

☐ I, **Eprep Portal**, have read, understood, and agree with the terms of the Maryland Medicaid Provider Agreement.
value is required


☐ I, **Eprep Portal**, declare that I have legal authorization to sign this application for and on behalf of **3330**
value is required



Add Affiliation






[My Home](#)[Applications](#)[Accounts](#)[My Tools](#)[Help](#)

Accounts



Hello again, Eprep! Listed below are your active Maryland Medicaid accounts.
If you have any questions about them, please [send a message](#) to a Maryland Medicaid representative.

Link Accounts

Account ID	Provider ID	Status	Provider Name	Provider Type	Account Type	NPI	Begin Date	Last Updated	Service Address	Actions
800067895	-----	1 - Active	W MD OUTPATIENT DIAG CENTER	Diagnostic Services, Other	Resource Billing	1578898631	12/23/2009	07/15/2015	WESTERN MARYLAND HEALTH SYS, 12400 ----- -----	    

Clicking on the Icon opens the affiliation page, where existing affiliates can be viewed, and new affiliations can be added.

Add Affiliation Cont.

Create Affiliation Application

Enter the provider's NPI you would like to affiliate with:

National Provider Identification (NPI) [+ Verify](#)

value is required

Indicates that the information is not found in the State's database. You will be able to correct this information once you complete a

MA#: 4204
Contact Name: No data
Account Status: 1 - Active
Account Type: Facility

Approval Date: 04/27/2016
Last Update Date: 05/25/2016
Service Address: 3 VENUE, BALTIMORE-MD, 21229-4610

Account Affiliations

Listed are the affiliations for [REDACTED] at the service Location: 3 BALTIMORE-MD, 21229-4610.

You can "Add" an affiliation with a provider for this server location by selecting the button "Add Affiliation".

To remove an affiliation, please select the trash icon from the provider record you would like to disaffiliate. You will need to sign and submit a Disaffiliation form.

[+ Add Affiliation](#)

Account ID	Rendering Name	NPI	Provider Type	Affiliation Status	Actions
No data available in table					

Showing: 5 records per page.

- Clicking the Add Affiliation Icon starts the affiliation process by generating a text box for the NPI to be added can be verified
- Once the application is generated, the rendering provider will have to sign the application from their accounts to complete the process.

Applications

Messages

Notifications






 W MD OUTPATIE...

 eprep

My Home Applications Accounts My Tools ▾ Help

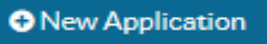
 My Applications 

















Here are your in-progress or submitted applications for your Maryland Medicaid accounts. Once you have completed the enrollment process, you will be able to modify your accounts. Listed below are the provider applications you have or are currently enrolling in Maryland Medicaid.

Your list of submitted and in progress apps.

The Status of your apps.



Additional Status Information.

Application ID	Status	Name	Type	NPI	Application	Complete	Last Update	Owner	Actions
1810RDCB	In Progress	W MD OUTPATIENT DIAG CENTER	Diagnostic Services, Other	1578898631	Supplemental	86%	10/15/2018	eprep portal	      
18107GUS	In Progress		Community Options Program		Waiver Organization	0%		eprep portal	      

Questions & Contacts

- ePREP Portal: eprep.health.maryland.gov
- Resources and frequently asked questions: health.maryland.gov/eprep
- ePREP Call Center:

1-844-4MD-PROV (1-844-463-7768)

Monday – Friday 7AM- 7PM

Closed on State holidays